Community Advisory Committee
Quarterly/Annual Visitation Report

County HENDERSON	Facility Type - ☐ Family Care Home ☐ Adult Care Home ☐ Nursing Home ☒ Combination Home	Facility Name CARILLON
Visit Date 5/19/15	Time Spent in Facility 1 hr min	Arrival Time 10:35 ☒am ☐pm 11:35

Name of Person Exit Interview was held with CARI KEEGAN Interview was held ☒In-Person ☐Phone
☒Admn. ☐SIC(Supervisor in Charge) ☐Other Staff Rep MERIDITH LEVINE PT. CARE (Name & Title)

Committee Members Present: DEANNA McWILLIAMS DONNA SHELINE, ANNETTE GOETZ

Report Completed by: DEANNA McWILLIAMS

Number of Residents who received personal visits from committee members: 5

Resident Rights information is clearly visible. ☒Yes ☐ No

Ombudsman contact information is correct and clearly posted ☒Yes ☐No

The most recent survey was readily accessible. ☐Yes ☐ No *(Required for Nursing Homes Only)*

Staffing information is posted. ☐ Yes ☒ No

Resident Profile

1. Do the residents appear neat, clean and odor free? ☒Yes ☐ No
2. Did residents say they receive assistance with personal care activities, *Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?* ☒Yes ☐ No
3. Did you see or hear residents being encouraged to participate in their care by staff members? ☒Yes ☐ No
4. Were residents interacting w/ staff, other residents & visitors? ☒Yes ☐No
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? ☒Yes ☐ No
6. Did you observe restraints in use? ☐Yes ☒No
7. If so, did you ask staff about the facility's restraint policies? ☐Yes ☐No

Comments & Other Observations

CENSUS 42/90

Resident Living Accommodations

8. Did residents describe their living environment as homelike? ☒Yes ☐No
9. Did you notice unpleasant odors in commonly used areas? ☐Yes ☒No
10. Did you see items that could cause harm or be hazardous? ☐Yes ☒No
11. Did residents feel their living areas were too noisy? ☐Yes ☒ No
12. Does the facility accommodate smokers? ☐Yes ☒ No
12a. Where? ☒ Outside only ☐ Inside only ☐ Both Inside & Outside.
13. Were residents able to reach their call bells with ease? ☒Yes ☐ No
14. Did staff answer call bells in a timely & courteous manner? ☒Yes ☐ No
14a. If no, did you share this with the administrative staff? ☐ Yes ☐ No

Comments & Other Observations

SANITATION 98 - STATED
KITCHEN 98
CLEAN, NEAT, WELL ORGANIZED

Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? ☒Yes ☐ No
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? ☒ Yes ☐ No
16a. Can residents access their monthly needs funds at their convenience? ☐ Yes ☐ No
17. Are residents asked their preferences about meal & snack choices? ☒Yes ☐ No
17a. Are they given a choice about where they prefer to dine? ☒Yes ☐ No
18. Do residents have privacy in making and receiving phone calls? ☒Yes ☐ No
19. Is there evidence of community involvement from other civic, volunteer or religious groups? ☒Yes ☐ No
20. Does the facility have a Resident's Council? ☒Yes ☐ No
Family Council? ☒Yes ☐ No

Comments & Other Observations

RESIDENTS HIGH FUNCTIONING FOR THE MOST PART. FACILITY PATICIPATES IN AND SPONSORS COMMUNITY ACTIVITIES.

Areas of Concern

Are there resident issues or topics that need follow-up or review at a later time or during the next visit?

NEW ADMINISTRATOR FROM S.C. NOT YET FAMILIAR WITH ALL NC AND HENDERSON CTY RULES. SHE IS ALSO DOING MARKETING. NATALIE PRAYTOR ADMIN ASST IS WELL INFORMED AND KNOWLEGABLE

Exit Summary

Discuss items from **"Areas of Concern"** Section as well as any changes observed during the visit.

Cottage - 24 residents